

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25840**
Registrar's No. **108**

Registration District No. **677**

Primary Registration District No. **4403**

1. PLACE OF DEATH:

(a) County: **Reynolds Co**
(b) City or town: **Rolla Mo**
(c) Name of hospital or institution: **McKerleby Hospital**
(d) Length of stay: In hospital or institution **2 days**
In this community **13 years**
years, months or days

3. (a) PRINT FULL NAME: **William Turner**

3. (b) If veteran, name war: _____ 3. (c) Social Security No: **491-18-4244**

4. Sex: **Male** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Turner** 6. (c) Age of husband or wife if alive: **57** years

7. Birth date of deceased: **May 4 1882**
(Month) (Day) (Year)

8. AGE: Years **59** Months **2** Days **5** If less than one day hr. min.

9. Birthplace: **Reynolds Co Mo**
(City, town or county) (State or foreign country)

10. Usual occupation: **Laborer**

11. Industry or business: **Day Lumber Co.**

12. Name: **Sanderson Turner**

13. Birthplace: **Mo.**
(City, town or county) (State or foreign country)

14. Maiden name: **Rebecca Conway**

15. Birthplace: **Mo.**
(City, town or county) (State or foreign country)

16. (a) Informant: **Gimmie Turner**

(b) Address: **Ellington Mo.**

17. (a) **Burial** (b) Date thereof: **7 11-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Lower Indian Creek**

18. (a) Signature of funeral director: **James F. Avers**

(b) Address: **Salem Mo.**

19. (a) **July 10, 1941** (b) **James F. Avers**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Dunk**
(c) City or town: **Bladen**
(d) Street No.: **Rural**
(e) If foreign born, how long in U. S. A.: **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9th** year **1941** hour **6:00** minute **30** p.m.

21. I hereby certify that I attended the deceased from **last** 1940, to **July 9th** 1941

that I last saw him alive on **July 9th** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Cardio Renal System 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

(a) Means of injury

23. Signature: **William H. Avers** (M.D. or other)

Address: **James Mo** Date signed: **7-10-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 5,

District File Number. 741 1831

Date Filed -----

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

H D Hobson

Registered Apprentice No.

working under my personal supervision.

Signed

H D Hobson

Licensed Embalmer No.

928

P. O. Address

Salem Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.